

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: METHODS AND APPARATUS FOR
TREATMENT OF PATENT FORAMEN OVALE

Attorney Docket Number:: 022128-000400US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 21

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: HANSON
Middle Name::
Family Name:: GIFFORD
Name Suffix:: III
City of Residence:: Woodside
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3180 Woodside Road
City of Mailing Address:: Woodside
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: MARK
Middle Name:: E.
Family Name:: DEEM
Name Suffix::
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 685 Sierra Avenue
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94041

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: WILLIAM
 Middle Name::
 Family Name:: MALECKI
 Name Suffix::
 City of Residence:: San Francisco
 State or Province of Residence:: CA
 Country of Residence:: US
 Street of Mailing Address:: 510 Clayton Street
 City of Mailing Address:: San Francisco
 State or Province of mailing address:: CA
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 94117

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/490,082	07/24/03
	An Appn claiming benefit under 35 USC 119(e) of	60/478,035	06/11/03
	An Appn claiming benefit under 35 USC 119(e) of	60/458,854	03/27/03

Foreign Priority Information

Country::	Application number::	Filing Date::
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